

section and on the progress made toward the prevention, control, and elimination of communicable and infectious diseases among Indians and urban Indians.

(Pub. L. 94-437, title II, §218, as added Pub. L. 102-573, title II, §214, Oct. 29, 1992, 106 Stat. 4556; amended Pub. L. 103-437, §10(e)(1), (2)(B), Nov. 2, 1994, 108 Stat. 4589; Pub. L. 111-148, title X, §10221(a), Mar. 23, 2010, 124 Stat. 935.)

Editorial Notes

CODIFICATION

Amendment by Pub. L. 111-148 is based on section 133 of title I of S. 1790, One Hundred Eleventh Congress, as reported by the Committee on Indian Affairs of the Senate in Dec. 2009, which was enacted into law by section 10221(a) of Pub. L. 111-148.

AMENDMENTS

2010—Pub. L. 111-148 amended section generally. Prior to amendment, section related to grants to Indian tribes and tribal organizations for prevention, control, and elimination of tuberculosis.

1994—Subsec. (d)(4). Pub. L. 103-437 substituted “Committee on Indian” for “Select Committee on Indian” and “Natural Resources” for “Interior and Insular Affairs”.

Statutory Notes and Related Subsidiaries

COVERAGE OF TESTING FOR COVID-19 AT NO COST SHARING FOR INDIANS RECEIVING PURCHASED/REFERRED CARE

Pub. L. 116-127, div. F, §6007, Mar. 18, 2020, 134 Stat. 208, provided that: “The Secretary of Health and Human Services shall cover, without the imposition of any cost sharing requirements, the cost of providing any COVID-19 related items and services as described in paragraph (1) of section 6001(a) [of Pub. L. 116-127, 42 U.S.C. 1320b-5 note] (or the administration of such products) or visits described in paragraph (2) of such section furnished during any portion of the emergency period defined in paragraph (1)(B) of section 1135(g) of the Social Security Act (42 U.S.C. 320b-5(g) [1320b-5(g)]) beginning on or after the date of the enactment of this Act [Mar. 18, 2020] to Indians (as defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) receiving health services through the Indian Health Service, including through an Urban Indian Organization, regardless of whether such items or services have been authorized under the purchased/referred care system funded by the Indian Health Service or is covered as a health service of the Indian Health Service.”

§ 1621r. Contract health services payment study

(a) Duty of Secretary

The Secretary, acting through the Service and in consultation with representatives of Indian tribes and tribal organizations operating contract health care programs under the Indian Self-Determination Act (25 U.S.C. 450f et seq.)¹ or under self-governance compacts, Service personnel, private contract health services providers, the Indian Health Service Fiscal Intermediary, and other appropriate experts, shall conduct a study—

(1) to assess and identify administrative barriers that hinder the timely payment for services delivered by private contract health services providers to individual Indians by the Service and the Indian Health Service Fiscal Intermediary;

(2) to assess and identify the impact of such delayed payments upon the personal credit histories of individual Indians who have been treated by such providers; and

(3) to determine the most efficient and effective means of improving the Service’s contract health services payment system and ensuring the development of appropriate consumer protection policies to protect individual Indians who receive authorized services from private contract health services providers from billing and collection practices, including the development of materials and programs explaining patients’ rights and responsibilities.

(b) Functions of study

The study required by subsection (a) shall—

(1) assess the impact of the existing contract health services regulations and policies upon the ability of the Service and the Indian Health Service Fiscal Intermediary to process, on a timely and efficient basis, the payment of bills submitted by private contract health services providers;

(2) assess the financial and any other burdens imposed upon individual Indians and private contract health services providers by delayed payments;

(3) survey the policies and practices of collection agencies used by contract health services providers to collect payments for services rendered to individual Indians;

(4) identify appropriate changes in Federal policies, administrative procedures, and regulations, to eliminate the problems experienced by private contract health services providers and individual Indians as a result of delayed payments; and

(5) compare the Service’s payment processing requirements with private insurance claims processing requirements to evaluate the systemic differences or similarities employed by the Service and private insurers.

(c) Report to Congress

Not later than 12 months after October 29, 1992, the Secretary shall transmit to the Congress a report that includes—

(1) a detailed description of the study conducted pursuant to this section; and

(2) a discussion of the findings and conclusions of such study.

(Pub. L. 94-437, title II, §219, as added Pub. L. 102-573, title II, §215, Oct. 29, 1992, 106 Stat. 4557.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination Act (25 U.S.C. 450f et seq.), referred to in subsec. (a), is title I of Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2206, which was classified principally to part A (§450f et seq.) of subchapter II of chapter 14 of this title prior to editorial reclassification as subchapter I (§5321 et seq.) of chapter 46 of this title. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of this title and Tables.

§ 1621s. Prompt action on payment of claims

(a) Time of response

The Service shall respond to a notification of a claim by a provider of a contract care service

¹ See References in Text note below.